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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration OR Submitted with Initial Filing

☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

			_			
Att rney Docket Number		CV01489K				
First Named Inventor		Davis et al.				
COMPL	ETE II	KNOWN				
Application Number		10 / 057,323				
Filing Date	Janua	ary 25, 2002				
Group Art Unit	1619)				
Examiner Name	Tot	e assigned				

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Combinations of Peroxisome Prolifer-Activated Receptor (PPAR) Activator(s) and Sterol									
Absorption Inhibitor(s) and Treatment for Vascular Indications									
the specification of which (Title of the Invention)									
is attached hereto OR									
was filed on (MM/DD/YYYY	January 25, 2	002 as Unit	ed States Applica	tion Number or PCT International					
Application Number 10/057,323	and w	as amended on (MM/DD/	YYYY) [(if applicable).					
I hereby state that I have reviewed a amended by any amendment specif	and understand the ically referred to ab	contents of the above idea	ntified specificatio	n, including the claims, as					
l acknowledge the duty to disclose in	nformation which is	material to patentability as	s defined in 37 CF	FR 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application num	bers are listed on a	supplemental priority data	sheet PTO/SB/0	12B attached bereto:					
I hereby claim the benefit under 35	U.S.C. 119(e) of an	y United States provisiona	l application(s) lis	ted below.					
Application Number(s)	1	(MM/DD/YYYY)							
60/264,396	January 26,	2001		onal provisional application					
60/323,839 September 21, 2001 September 21, 2001 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									

[Page 1 of 2]

	CERTI	FICATE OF MA	ILING		
I hereby certify that this envelope addressed to:	correspondence is being of Assistant Commissioner for	deposited with the Lor Patents, Washing	Jnited States Poston, D.C. 2023	ostal Service as first cla 11 on this date: 3/18/02	ass mail in an
Typed or printed name	Ann Marie Cannoni	(Reg. No.) 3	35,972		
Signature	Mich	<u> </u>	Date	3/18/02	

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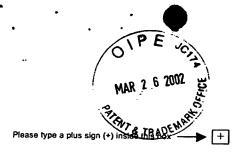
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DECLARATION – Utility or Design Patent Application

I hereby clain United States	n the benefit under 3 s of America, listed	5 U.S.C.	120 of	any United	States appl	ication	(s), or 3	65(c) of any	PCT inte	matio	nal application	designatii
information w	s of America, listed is s or PCT Internations thich is material to p nal or PCT internatio	l applicati	on in th	ne manner p	provided by							
U.S. Parent Application or PCT Parent Number					Parent Filing Date			е				
							MINIO	D/YYYY)	+		(if applic	cable)
☐ Additiona	U.S. or PCT interna	ational app	lication	n numbers :	are listed or	a sup	plement	al priority da	ta sheet	PTO/6	SP/OOD -Harb	-15
As a named in	ventor, I hereby appo k Office connected th	oint the fol	lowing	registered	practitioner	s) to p	rosecute	this applica	tion and	to tran	sact all busine	ss in the l
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Additional	registered practitions	er(s) name	d on s	upplementa	I Registere	d Pract	itioner I	oformation o	hoot PTC	V6D (6	20 11 11	
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Name	or Bar Code Label 24265 OR Correspondence address below Ann Marie Cannoni Reg. No. 35,972											
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hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and by												
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Giv	en Name (first and	d middle	(if any	(1)		Family Name or Surname						
Harry R.						Dav	/is					
Inventor's Signature											Date	Τ
Residence: Ci	ty Berkele	y Heigh	ts	State J	NEW ERSEY	Col	untry	USA			Citizenship	USA
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Additional in	ventors are being					Additi	onal In	ventor(s) e	neet(e)	DTO!	SP/02A ave	<u> </u>
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

				_						
Name of Additional Joint Inventor, if a	ny:				A petiti	on has been file	ed for t	his unsigned inventor		
Given Name (first and middle [if any])					Family Name or Surname					
Teddy				Ko	osoglou					
Inventor's Signature	<u></u>									
Residence: City Jamison	St	ate I	PA		Country	USA		Date Citizenship USA		
Mailing Address 2457 Primrose Court										
Mailing Address										
City Jamison	St	ate I	PA		ZIP 18	8929-1178 c	ountr	y USA		
Name of Additional Joint Inventor, if a	ıy:				A petition	n has been filed	for thi	s unsigned inventor		
Given Name (first and middle [if any)			\perp		Family Nam	e or S	urname		
Gilles J.	7	4	_		Picard					
Inventor's Signature	契	き	<u> </u>	<u>ب</u> >				Date		
Residence: City Brussels State					Country	BELGIUM		Citizenship France		
Malling Address 22 Av. Mont Marcure										
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City Braine L'Alleud	St	ate			ZIP 14	20	Cour	ntry Belgium		
Name of Additional Joint Inventor, if ar		<u></u>		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			_	Family Name or Surname						
Inventor's Signature								Date		
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